



STATE FIRE MARSHAL'S OFFICE

FIREFIGHTER FATALITY WORKSHEET

SFMO Investigator:	Phone:
Email:	Case #:

In order for the State Fire Marshal's office to complete a comprehensive report regarding the incident, the following information must be collected:

FIREFIGHTER INFO

Firefighter Name:		DOB:
Department:		Dept. Type:
Station/Apparatus assigned to:		Position on Apparatus:
Duties assigned at station/apparatus:		
Date of hire:	Rank:	Date of rank:
Time/date FF came on duty:		Hours off prior to shift:
FF position/duties on scene at time of incident:		
Activities during "off" time:		
# hours of sleep (last 5 days):		# of meals (last five days):
# of calls on day of incident:		
FF ill day of incident? Y N (if Y, explain below)		Recent illness? Y N (if Y, explain below)
Marital status:		Spouse name (if applicable):
# of children:	Names/ages (if applicable):	
Personal contributors (e.g. divorce, financial, etc.):		
Comments:		



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FIREFIGHTER LOCATION AND CONDITION

Where was firefighter located?	
Condition of FF upon being located:	
Position of body:	FF left in place? Y N (if N, explain below)
FF removed by:	FF transported to:
Photographed in place? Y N (if N, explain below)	By whom?
Special circumstances (e.g., delayed access due to collapse, etc.):	

IF TREATED AND TRANSPORTED

FF treated at scene? Y N (if N, explain below)	Treated by:
FF transported to:	Transported by:
Condition at time of transport:	

DECEASED

Where pronounced:	Pronounced by:
Was autopsy conducted? Y N (if N, explain below)	Conducted by:
Preliminary results:	
Were firefighter fatality protocols used during autopsy? Y N (if N, explain below)	
Comments:	



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SCENE

Department case/incident #:		TEXFIRS #:
Time/date of call:	Address:	
Departments/Apparatus that responded:		
Apparatus left in place? Y N (if N, explain below)		Hose lines left in place? Y N (if N, explain below)
Location of ALL FF protective equipment:		
Is gear secure? Y N (if N, explain below)		
What changes have been made to the gear since the incident? (e.g., SCBA shut off, radio turned off, etc.)		
What changes have been made to the scene since the incident?		

Was this a scene- or response-related incident?		
What type of scene?		If response, FD vehicle or POV?
Was MAYDAY called? Y N	By whom?	What time?
Was RIT available? Y N	Was RIT used? Y N	Size/makeup of RIT:
When was the first notification of injury/issue with FF?		
How?		To whom?
Communication difficulties/failures?		
Accountability utilized:		
Any audio recordings/photos/videos? Y N (if N, explain below)		By whom?
Have audio/photos/videos been secured?		By whom?
Incident commander name/agency contact info:		
Comments:		



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Please obtain the following:

<input type="checkbox"/>	FD point of contact name/rank:	Phone:
<input type="checkbox"/>	FF training records	Received from and date/time:
<input type="checkbox"/>	Department SOGs/SOPs	Received from and date/time:
<input type="checkbox"/>	Witness names and/or statements	Received from and date/time:
<input type="checkbox"/>	Equipment specifications	Received from and date/time:
<input type="checkbox"/>	Equipment maintenance records	Received from and date/time:
<input type="checkbox"/>	Initial incident call sheet	Received from and date/time:
<input type="checkbox"/>	Related incident call sheets	Received from and date/time:
<input type="checkbox"/>	Outside agency reports (if applicable)	Received from and date/time:
<input type="checkbox"/>	FF corrective actions	Received from and date/time:
<input type="checkbox"/>	Other information that is relevant	Received from and date/time:
<input type="checkbox"/>	Dispatch logs (original call and incident)	Received from and date/time:
<input type="checkbox"/>	ICS sheets	Received from and date/time:
<input type="checkbox"/>	Tactical sheets	Received from and date/time:
<input type="checkbox"/>	Radio traffic recordings	Received from and date/time:
Comments:		